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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005
(H.R. 4818).

FEE TRANSMITTAL For FY 2005

| | | | |
|--|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | |
| TOTAL AMOUNT OF PAYMENT | (\$) 910.00 | Application Number | 09/846,762 |
| | | Confirmation No.: | 5008 |
| | | Filing Date | May 1, 2001 |
| | | First Named Inventor | Shea, Robert |
| | | Examiner Name | Jiminez, Marc Quemuel |
| | | Art Unit | 3726 |
| | | Attorney Docket No. | 83625.000014 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) _____

Deposit Account Deposit Account Number: 03-3875 Deposit Account Name: Harter, Secrest & Emery LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| Small Entity Fee (\$) | |
|-----------------------|-----|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| | | 50 = | | | | |
| | | | | | | |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| | | 200 = | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

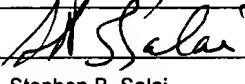
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|------------|---------------|
| 0 / 50 = | | 0 (round up to a whole number) x | \$250.00 = | \$0.00 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

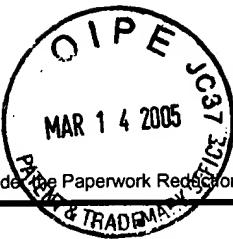
Other (e.g., late filing surcharge): Request for Continued Examination and Request for Extension of Time (1 mo.) \$910.00

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 26,990 | Telephone 585-231-1386 |
| Name (Print/Type) | Stephen B. Salai | | Date March 10, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 09/846,762 Confirmation No.: 5008 |
| | | Filing Date May 1, 2001 |
| | | First Named Inventor Shea, Robert |
| | | Art Unit 3726 |
| | | Examiner Name Jiminez, Marc Quemuel |
| Total Number of Pages in This Submission | | Attorney Docket Number 83625.000014 |

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| ENCLOSURES (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> After Allowance communication to Group</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input checked="" type="checkbox"/> Amendment/Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input checked="" type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavit/declaration(s)</td> <td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input checked="" type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Request for Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> CD, Number of CD(s) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> <td></td> <td></td> </tr> </table> | | | <input checked="" type="checkbox"/> Fee Transmittal | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group | <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) | <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | <input type="checkbox"/> Affidavit/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter | <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination | <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | | <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | | <input type="checkbox"/> Certified Copy of Priority Document(s) | | | <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <input checked="" type="checkbox"/> Fee Transmittal | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual name | Stephen B. Salai, 26,990, HARTER, SECREST & EMERY LLP |
| Signature | |
| Date | March 10, 2005 |

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|---|-----------------|
| CERTIFICATE OF TRANSMISSION/MAILING | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | |
| Type or printed name | Mary A. DiPaolo |
| Signature | |
| Date | March 10, 2005 |

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